

General Purpose Questionnaire for Life Insurance

Name: _____ Date of birth: _____

Gender: M / F height: _____ weight: _____

Smoker? Y / N Insurance Face Amount: _____ Target Premium: _____

Insurance Type: TERM or Permanent: UL / WL Simplified (or Non-Med): Y / N

1. Please list any illness: _____

- a. Provide Details: _____

2. Please provide Month and Year the Illness was Diagnosed: _____
3. What type of treatment was administered?
 - a. Surgery month/year: _____
 - b. Medication (list) _____
 - c. Other Treatment Type: _____
4. When was the last time you visited a physician about this disorder?
 - a. 0-6 months?
 - b. 6-12 months?
 - c. 12-24 months?
 - d. Over 24 months?
5. Please list last cholesterol reading (if known): _____
6. Please let last blood pressure reading (if known): _____
7. Do you regularly exercise 3 or more times per week?: _____
8. Please list any other illness or impairment: _____
9. Please list all medications currently being taken: _____

Agent Name: _____ Phone: _____

Email: _____